



Kansas Board of Cosmetology
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APPLICATION FOR DUPLICATE FACILITY LICENSE

Complete this application online, print, and mail to the Kansas Board of Cosmetology at the address listed above.

Facility Information

Facility name: _____
(Facility Name)

Address: _____ (_____) _____
(Street) (City/State) (Zip) (Phone Number)

Facility license number: _____ Expires: _____

Being duly sworn and deposited, I state the facility license has been (check appropriate one):

- ☐ Destroyed
☐ Lost
☐ Stolen - if stolen please attach a copy of the police report.
☐ Never received

Fee Payment

To pay the non-refundable \$25 fee by check or money order, attach the fee to the front of this completed application. Check or money order shall be made payable to the Kansas Board of Cosmetology. For credit card payment, complete the section below:

Payment Type: ☐ American Express ☐ Discover ☐ Mastercard ☐ Visa

_____ \$ _____
Credit Card # Expiration Date (mo/yr) Fee Amount

_____ (_____) _____
Card Holder's Printed Name Daytime Phone

Card Holder's Signature

Attestation and Notarization—At this point print this completed application

You may only sign and date this attestation before the individual who will notarize the document. Once the form is signed and notarized, forward the completed application to the Kansas Board of Cosmetology address listed above.

I declare under penalty of perjury under the laws of the State of Kansas that the information provided is true and correct to the best of my knowledge.

Applicant's Signature: _____ Date: _____

Sworn to and subscribed before me this _____ day of _____, 20____ County _____

Signature of Notary: _____ Notary Seal

(This portion for office use only) Approval Date: _____ Authorization: _____